

**Department of Public Health and Social Services**  
**Division of Environmental Health**  
**Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	0  A	1 / 17 / 18	CANTON CUISINE
Follow-up	<input checked="" type="checkbox"/>			TIME IN	TIME OUT
Complaint				2:30 PM	3:35 PM
Investigation				SANITARY PERMIT NO.	
Other:				170001317	LOT 3-1 2-1 2-2 2-3 & 2-4 REST BLK 1 TRACT 91 PAROEL 2 UNIT F6 DEDEDOW
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
STALL STAND			1	633-2788	0
					No. of Repeat Risk Factor/Intervention Violations
					0
					RISK CATEGORY
					3

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status	COS	R	PTS	Compliance Status	COS	R	PTS
<b>Supervision</b>				<b>Potentially Hazardous Food (TCS Food)</b>			
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT			6	16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Person in charge present, demonstrates knowledge, and performance duties				17 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
<b>Employee Health</b>				18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT			6	19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Management awareness; policy present				20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT			6	21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper use of reporting, restriction & exclusion				<b>Consumer Advisory</b>			
<b>Good Hygienic Practices</b>				22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6	Consumer Advisory provided for raw or undercooked foods			
Proper eating, tasting, drinking, betelnut, or tobacco use				<b>Highly Susceptible Populations</b>			
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6	23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
No discharge from eyes, nose, and mouth				Pasteurized Foods used; prohibited foods not offered			
<b>Preventing Contamination by Hands</b>				<b>Chemical</b>			
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6	24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Hands clean and properly washed				Food additives: approved and properly used			
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6	25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Toxic substances properly identified, stored, used			
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6	<b>Conformance with Approved Procedures</b>			
Adequate handwashing facilities supplied & accessible				26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
<b>Approved Source</b>				Compliance with variance, specialized process, and HACCP plan			
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6	<b>Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.</b>			
Food obtained from approved source							
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6				
Food received at proper temperature							
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6				
Food in good condition, safe, and unadulterated							
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6				
Required records available: shellstock tags, parasite destruction							
<b>Protection from Contamination</b>							
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6				
Food separated and protected							
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6				
Food contact surfaces: cleaned & sanitized							
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6				
Proper disposition of returned, previously served, reconditioned, and unsafe food							

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status	COS	R	PTS	Compliance Status	COS	R	PTS
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
27 <input type="checkbox"/>			1	40 <input type="checkbox"/>			1
Pasteurized eggs used where required				41 <input type="checkbox"/>			1
28 <input type="checkbox"/>			2	42 <input type="checkbox"/>			1
Water and ice from approved source				43 <input type="checkbox"/>			1
29 <input type="checkbox"/>			1	44 <input type="checkbox"/>			1
Variance obtained for specialized processing methods				45 <input type="checkbox"/>			1
<b>Food Temperature Control</b>				46 <input type="checkbox"/>			1
30 <input type="checkbox"/>			1	<b>Utensils, Equipment and Vending</b>			
Proper cooling methods used; adequate equipment for temperature control				47 <input type="checkbox"/>			2
31 <input type="checkbox"/>			1	48 <input type="checkbox"/>			2
Plant food properly cooked for hot holding				49 <input type="checkbox"/>			2
32 <input type="checkbox"/>			1	50 <input type="checkbox"/>			2
Approved thawing methods used				51 <input type="checkbox"/>			2
33 <input type="checkbox"/>			1	52 <input type="checkbox"/>			1
Thermometer provided and accurate				53 <input type="checkbox"/>			1
<b>Food Identification</b>				<b>Physical Facilities</b>			
34 <input type="checkbox"/>			1	47 <input type="checkbox"/>			2
Food properly labeled; original container				48 <input type="checkbox"/>			2
<b>Prevention of Food Contamination</b>				49 <input type="checkbox"/>			2
35 <input type="checkbox"/>			2	50 <input type="checkbox"/>			2
Insects, rodents, and animals not present				51 <input type="checkbox"/>			2
36 <input type="checkbox"/>			1	52 <input type="checkbox"/>			1
Contamination prevented during food preparation, storage & display				53 <input type="checkbox"/>			1
37 <input type="checkbox"/>			1				
Personal cleanliness							
38 <input type="checkbox"/>			1				
Wiping cloths: properly used and stored							
39 <input type="checkbox"/>			1				
Washing fruits and vegetables							

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)	Date:
J. GARCIA EPHOI	1/17/18
DEH Inspector (Print and Sign)	Follow-up (Circle one): YES NO
J. CRUZ EPHOI	N/A
	Follow-up Date
	N/A

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## CANTON CUISINE

LOCATION (Address) LOT 3-12-12-22-3& 2-4 BLK 1 TRAC  
PARCEL 2 UNIT F6 DEDEDO MALI

INSPECTION DATE  
1 / 17 / 18

SANITARY PERMIT NO.  
170001317

PERMIT HOLDER  
INTERNATIONAL GREATWALL DBA CANTON

REST

[illegible]

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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**Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.**

A FOLLOW-UP INSPECTION WAS CONDUCTED ON THIS DAY.  
PREVIOUS INSPECTION CONDUCTED ON 12/19/17 (60/D)  
A FOLLOW-UP ASSESSMENT FOR PEST ACTIVITY WAS  
CONDUCTED ON 1/3/18.

THE FOLLOWING WAS OBSERVED:

ALL PREVIOUS VIOLATIONS HAVE BEEN CORRECTED.  
ITEMS # 1, 2, 6, 8, 13, 14, 19, 20, 21, 35, 38, 41, 46, 52.  
OBSERVED NO PRESENCE OF ROACHES DURING TIME  
OF INSPECTION.

REMOVED "D" PLACARD # 00952.  
REMOVED NOTICE OF CLOSURE PLACARD.  
ISSUED "A" PLACARD # 03074.  
A \$100 REINSTATEMENT FEE SHALL BE MADE PAYABLE  
TO THE DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES  
PRIOR TO OPENING.

BRIEFED PIC ON THE ABOVE.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

**Person in Charge (Print and Sign)**

Data:

DEH Inspector (Print and Sign)

Date \_\_\_\_\_